

290786

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 97 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jennifer Jefferson

Telephone: 843-751-6829

Address: 2066 Country Manor Dr.

Fax:

Mt. Pleasant

Other:

SC 29466

Email: silverandgoldtransportation@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED  
MAR 06 2020  
PSC SC  
MAIL / DMS

RECEIVED  
MAR 05 2020  
PSC SC  
CLERK'S OFFICE



If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date:

3/4/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Silver and Gold senior transportation LLC  
Jennifer Jefferson  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
2066 Country Manor Dr. Mt. Pleasant SC 29466  
Street Address of Applicant  
2066 - Country Manor Dr. Mt. Pleasant SC 29466  
Mailing Address of Applicant (if different from street address)  
843-751-6829  
Phone  
silverandgoldtransportations@gmail.com  
Fax  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u>                      |           | <u>Liabilities:</u>          |              |
|-------------------------------------|-----------|------------------------------|--------------|
| Value of Real Estate                | \$320,000 | Mortgage/Loan on Real Estate | \$197,000    |
| Value of Motor Vehicles             | \$13,000  | Loans Owed on Motor Vehicles | 11,217.07    |
| Cash on Hand                        | 0         | Business/Other Loans Owed    | 0            |
| Cash in Bank                        | 0         | Other Liabilities or Debts   | 0            |
| Value of Other Assets and Equipment |           | Total Liabilities            | 208,217.07 ✓ |
| Total Assets                        | 333,000 ✓ |                              |              |

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

\$25 one way  
 \$40 Flat rate includes return trip  
 \$40 Airport one way

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |                                     |                                     |                                       |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington            | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |                                       |
| <input checked="" type="checkbox"/> Berkeley   | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |                                       |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |                                       |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

| MAKE     | YEAR & MODEL | VIN#              | EMPTY WEIGHT | WHEEL-<br>CHAIR<br>LIFT |
|----------|--------------|-------------------|--------------|-------------------------|
| Chrysler | 2014 300S    | 2C3CCABT3EH183001 | 5350 lbs     | NO                      |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |
|          |              |                   |              |                         |

## INSURANCE QUOTE

This form **MUST BE COMPLETED**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Jennifer Jefferson

Name of Applicant

2066 Country Manor Dr. Mt. Pleasant

Address of Applicant

**Amount of Premium:**

Liability Insurance \$

885.10

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

|                                    |              |                   |
|------------------------------------|--------------|-------------------|
| Liability Combined Each Occurrence | \$ 1,000,000 | 500,000/1,000,000 |
| Medical Payments per Person        | \$ 1,000     | \$5,000           |

L.H. Griffith & Co.

Name of Insurance Company

108 Central Ave. #4 Goose Creek, 29445

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

## Commercial Liability Quote Proposal

To: L H Griffith

Attn:

From: Hanover E&amp;S

License #:

Underwritten By: Scottsdale Insurance Company

A.M. Best rated A+ (Superior), FSC XV

### Quote Summary

Commission: 10%

Minimum Earned: 25%

Minimum &amp; Deposit: 100%

These terms are valid for 60 days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review the quotation carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

|                       |  |
|-----------------------|--|
| <b>Applicant:</b>     | SILVER & GOLD SENIOR TRANSPORTATION SERVICES LLC   |
| <b>Address:</b>       | 266 COUNTRY MANNER DR Mount Pleasant SC 29466  |
| <b>Policy Type:</b>   | Commercial Liability Quote   |
| <b>Policy Period:</b> | 02/27/2020 To: 02/27/2021 (12:01 AM Standard Time on both dates at the address of the Named Insured) |
| <b>Quote #:</b>       | APP9769120   |

### Premium Summary

|                           |          |
|---------------------------|----------|
| <b>Liability:</b>         | \$675    |
| <b>Other:</b>             | \$       |
| <b>Sub Total Premium:</b> | \$675    |
| <b>POLICY FEE:</b>        | \$125.00 |
| <b>INSPECITON FEE:</b>    | \$35.00  |
| <b>SURPLUS LINES TAX:</b> | \$50.10  |
| <b>Grand Total:</b>       | \$885.10 |

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$34 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

**Subject to following terms and conditions:**

- Favorable inspection.
- Completed, signed and dated supplemental application.
- Signed TRIA form at time of binding rejecting or accepting coverage
- Confirm auto liability coverage is in place.
- Policy can not be cancelled flat

**Commercial Liability Coverage**

|   | Limits      |
|---|-------------|
| General Aggregate                           | \$1,000,000 |
| Products/Completed Operation Aggregate      | \$1,000,000 |
| Personal and Advertising Injury             | \$500,000   |
| Each Occurrence                             | \$500,000   |
| Damage to Premises Rented to You            | \$100,000   |
| Medical Payments                            | \$5,000     |
| Deductible Applicable to: BI / PD / PI / AI | None        |

**Liability Rating Classifications and Premium**

| Program | Code  | Description                    | Premium Basis    | Exposure | Prem/Prod Rate | Prem/Prod Premium |
|---------|-------|--------------------------------|------------------|----------|----------------|-------------------|
| MH      | 68001 | Taxicab Companies-1st Vehicle* | 1st vehicle/Each | 1        | 675.00         | \$675             |

\* Products/Completed Operations are subject to the General Aggregate limit

**Additional Insureds:****Additional Coverage**

| Coverage | Limits | Notes | Premium |
|----------|--------|-------|---------|
|----------|--------|-------|---------|

**Forms and Endorsements****Common Policy**

IL 02 49 9-08 SOUTH CAROLINA CHANGES – CANCELLATION AND NONRENEWAL

NOTX0178CW 3-16 CLAIM REPORTING

NOTX0423CW 2-19 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE



Date: 02/27/2020

Quote #: APP9769120

Page 3 5  
of

OPS-D-1 1-17 COMMON POLICY DECLARATIONS

UTS-COVPG 1-16 COVER PAGE

UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS

UTS-SP-3 8-96 SCHEDULE OF LOCATIONS

**Commercial Liability**

CG 00 01 4-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 21 16 4-13 EXCLUSION - DESIGNATED PROFESSIONAL SERVICES

CG 21 49 9-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT

CG 21 73 1-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CG 24 26 4-13 AMENDMENT OF INSURED CONTRACT DEFINITION

CLS-SD-1L 8-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

GLS-106s 12-13 TOTAL LIQUOR LIABILITY EXCLUSION

GLS-280s 12-05 EXCLUSION OF BODILY INJURY TO PASSENGERS

GLS-283s 6-06 EXCLUSION OF SUBCONTRACTED AUTOS

GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION - PERSONAL AND ADVERTISING INJURY

GLS-45s 8-04 SEXUAL AND/OR PHYSICAL ABUSE EXCLUSION

UTS-365s 2-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

**ADDITIONAL FORMS**

**Commercial Liability**

UTS-497 OPTIONAL PROVISIONS ENDORSEMENT

UTS-246s 9-16 AMENDATORY ENDORSEMENTS WITHOUT MEDICAL PAYMENTS EXCLUSION

Scottsdale Insurance Company  
Scottsdale Indemnity Company  
Scottsdale Surplus Lines Insurance Company

**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT  
COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

|  |  |
|--|--|
|  | I hereby elect to purchase certified terrorism coverage for a premium of \$34. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate. |
|  | I hereby reject the purchase of certified terrorism coverage.  |

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 Policyholder/Applicant's Signature

---

 Named Insured/Firm

---

 Print Name

---

 Policy Number, if available

---

 Date

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

|  |  |
|--|--|
|  | I hereby elect to purchase certified terrorism coverage for a premium of \$38. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate. |
|  | I hereby reject the purchase of certified terrorism coverage.  |

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/Firm

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date

☐ **Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

### GENERAL LIABILITY APPLICATION

Applicant's Name: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location: \_\_\_\_\_  
 \_\_\_\_\_

Agent's Name: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_

PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

| LIMITS OF LIABILITY REQUESTED                      |    | PREMIUMS                       |
|--|----|--------------------------------|
| General Aggregate                                  | \$ | Premises/Operations:           |
| Products & Completed Operations Aggregate          | \$ | \$                             |
| Personal & Advertising Injury                      | \$ | Products/Completed Operations: |
| Each Occurrence                                    | \$ | \$                             |
| Fire Damage (any one fire)                         | \$ | Other:                         |
| Medical Expense (any one person)                   | \$ | \$                             |
| Other Coverages, Restrictions, and/or Endorsements | \$ | Total:                         |
| Deductible   |    | \$                             |

#### APPLICANT/PREMISES/OPERATIONS INFORMATION

1. Describe all business operations conducted by applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Premises information (attach schedule if necessary):

| Loc. No. | Street, City, County, State, Zip Code | Interest | Part Occupied |
|----------|---------------------------------------|----------|---------------|
|          |                                       |          |               |
|          |                                       |          |               |
|          |                                       |          |               |

3. Applicant Is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Limited Liability Company  
☐ Nonprofit ☐ Other (Specify): \_\_\_\_\_

**4. Inspection/Audit:**

Inspection (contact and phone): \_\_\_\_\_

Accounting records (contact and phone): \_\_\_\_\_

**5. Management:**

Number of years in operation: \_\_\_\_\_

If new operation, number of years related experience: \_\_\_\_\_

**6. Total number of employees:** \_\_\_\_\_**GENERAL INFORMATION (Explain all "yes" responses.)**

1. Exposure to flammables, explosives or chemicals? ..... ☐ Yes ☐ No
2. Exposure to asbestos? ..... ☐ Yes ☐ No
3. Exposure to radioactive materials? ..... ☐ Yes ☐ No
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)? ..... ☐ Yes ☐ No
5. Sporting/social events sponsored? ..... ☐ Yes ☐ No
6. Any watercraft, docks, floats owned, hired or leased? ..... ☐ Yes ☐ No
7. Any operations sold, acquired or discontinued in last five years? ..... ☐ Yes ☐ No
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries? ..... ☐ Yes ☐ No
9. Machinery/equipment loaned/rented to others? ..... ☐ Yes ☐ No
10. Swimming pool on premises? ..... ☐ Yes ☐ No
11. Any parking facilities owned/rented? ..... ☐ Yes ☐ No
12. Fee charged for parking? ..... ☐ Yes ☐ No
13. Does applicant have Workers' Compensation coverage in force? ..... ☐ Yes ☐ No
14. Does insured subcontract work? ..... ☐ Yes ☐ No
15. Certificates of insurance required from all subcontractors? ..... ☐ Yes ☐ No
16. Does the applicant lease employees? ..... ☐ Yes ☐ No
17. Any demolition exposure contemplated? ..... ☐ Yes ☐ No
18. Any structural alterations contemplated? ..... ☐ Yes ☐ No
19. Recreational facilities provided? ..... ☐ Yes ☐ No
20. Any policy or coverage declined, canceled or nonrenewed during last three years? (Not applicable in Missouri) ..... ☐ Yes ☐ No

If "yes," please explain: \_\_\_\_\_

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**PRIOR CARRIER INFORMATION**

|                      | Year: | Year: | Year: | Year: | Year: |
|----------------------|-------|-------|-------|-------|-------|
| <b>Carrier</b>       |       |       |       |       |       |
| <b>Policy No.</b>    |       |       |       |       |       |
| <b>Total Premium</b> |       |       |       |       |       |

## LOSS HISTORY—FIVE YEAR PERIOD

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |
|              |                     |             |                 |                               |

## ADDITIONAL INSURED INFORMATION

| Name | Address |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |

## SCHEDULE OF HAZARDS

| Loc. No. | Classification | Class. Code | Premium Bases:<br>(s) Gross Sales<br>(p) Payroll<br>(a) Area<br>(c) Total Cost<br>(t) Other | Terr. | Rate        |                      | Premium     |                      |
|----------|----------------|-------------|---|-------|-------------|----------------------|-------------|----------------------|
|          |                |             |   |       | Prem./ Ops. | Products/ Comp. Ops. | Prem./ Ops. | Products/ Comp. Ops. |
|          |                |             |   |       |             |                      |             |                      |
|          |                |             |   |       |             |                      |             |                      |
|          |                |             |   |       |             |                      |             |                      |
|          |                |             |   |       |             |                      |             |                      |
|          |                |             |   |       |             |                      |             |                      |

## SCHEDULE RATING PLAN INFORMATION

## 1. Employee Section:

Prior related experience required? ..... ☐ Yes ☐ No

Background screening performed? ..... ☐ Yes ☐ No

## 2. Employee Training:

Formal classroom training program in operation? ..... ☐ Yes ☐ No

On-the-job training program established? ..... ☐ Yes ☐ No

## 3. Management:

Number of years in operation: .....

If new operation, number of years related experience: .....

## 4. Cooperation:

Formal safety program in operation? ..... ☐ Yes ☐ No

Medical facilities on premises? ..... ☐ Yes ☐ No

Medical facilities accessible within ten (10) minutes? ..... ☐ Yes ☐ No

**5. Location/Premises:**

Age of building: \_\_\_\_\_

If building is over twenty-five (25) years old, has plumbing/wiring been updated in the past five years? ☐ Yes ☐ No

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: Rachel Davenport DATE: 3/6/20

AGENT NAME: Rachel Davenport AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

☐ **Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**TRANSPORTATION SERVICES PROGRAM SUPPLEMENTAL APPLICATION**  
 (Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Type of transportation service provided: ☐ Taxi ☐ Limo ☐ Other

If other, describe nature of operation: \_\_\_\_\_

2. Sexual and/or Physical Abuse Coverage Limits: ☐ \$25,000 Per Claim/\$ 50,000 Aggregate  
☐ \$50,000 Per Claim/\$100,000 Aggregate  
☐ None

3. Number of vehicles per type (owned or leased/rented):

| Type   | Passenger Car | Limo | Van | Bus | Pedicab | Other |
|--------|---------------|------|-----|-----|---------|-------|
| Number |               |      |     |     |         |       |

If other, describe: \_\_\_\_\_

4. Does any vehicle have capacity in excess of fifteen (15) passengers? ..... ☐ Yes ☐ No  
 If yes, advise type of vehicle and number of passenger seats: \_\_\_\_\_

5. Is there an established vehicle maintenance program? ..... ☐ Yes ☐ No

6. Radius of operation (in miles): ..... \_\_\_\_\_

7. Does applicant have an ICC or PUC filing? ..... ☐ Yes ☐ No

8. Are state or local business licenses required? ..... ☐ Yes ☐ No

9. Are background checks or investigations performed and MVRs obtained as part of the pre-employment criteria? ..... ☐ Yes ☐ No

10. Does applicant have common ownership with, contracts with or provides services for an assisted living, convalescent or nursing home facility? ..... ☐ Yes ☐ No
11. Does applicant subcontract any operations? ..... ☐ Yes ☐ No  
If yes:
- a. Description of operations subcontracted: \_\_\_\_\_
- b. Annual cost of subcontracted work: ..... \$ \_\_\_\_\_
- c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? .... ☐ Yes ☐ No  
If yes, minimum General Liability limits required: ..... \$ \_\_\_\_\_
- d. Are certificates of insurance required from all subcontractors? ..... ☐ Yes ☐ No
- e. Is applicant included as additional insured on all subcontractors' policies? ..... ☐ Yes ☐ No
- f. Do written contracts contain hold-harmless agreements in favor of the applicant? ..... ☐ Yes ☐ No  
If no, explain when not required: \_\_\_\_\_
12. Is liquor served or provided by applicant or subcontractor? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
13. Does applicant provide or plan to provide any of the following services?
- Air transportation services? ..... ☐ Yes ☐ No
- Ambulance/Emergency transportation services? ..... ☐ Yes ☐ No
- Cadaver (corpse) transport? ..... ☐ Yes ☐ No
- Carriage rides? ..... ☐ Yes ☐ No
- City buses? ..... ☐ Yes ☐ No
- Drivers provided for customers' vehicles? ..... ☐ Yes ☐ No
- Emergency medical treatment? ..... ☐ Yes ☐ No
- Funeral transportation services? ..... ☐ Yes ☐ No
- Jeep Tours? ..... ☐ Yes ☐ No
- Motorhomes? ..... ☐ Yes ☐ No
- Party buses? ..... ☐ Yes ☐ No
- Pedal buses (people powered)? ..... ☐ Yes ☐ No
- Pedicabs? ..... ☐ Yes ☐ No  
If yes, are pedicabs used on public streets in metropolitan areas? ..... ☐ Yes ☐ No
- Prisoner transportation services? ..... ☐ Yes ☐ No
- Pub crawls (pedal bus or motorized)? ..... ☐ Yes ☐ No
- Railroad transportation services? ..... ☐ Yes ☐ No
- Recreational vehicles? ..... ☐ Yes ☐ No
- Ride sharing services (i.e., Uber and Lyft)? ..... ☐ Yes ☐ No
- School buses? ..... ☐ Yes ☐ No
- Tour/Sightseeing agencies? ..... ☐ Yes ☐ No
- Transportation of goods or commodities? ..... ☐ Yes ☐ No
- Water transportation services? ..... ☐ Yes ☐ No
14. Does applicant offer marijuana/cannabis tours in the state of AK, CO, OR and/or WA? ..... ☐ Yes ☐ No

15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ..... ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_

16. Does applicant have any other business ventures for which coverage is not requested? ..... ☐ Yes ☐ No  
If yes, explain and advise where insured: \_\_\_\_\_

17. **Automobile Policy Information (include copy of vehicle schedule):**

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Limits of Liability: ..... \$ \_\_\_\_\_

Expiration Date: ..... \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: Rachel Davenport DATE: 3/6/20AGENT NAME: Rachel Davenport AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)**IMPORTANT NOTICE**

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**Exhibit Fit, Willing, and Able (FWA)**Jennifer Jefferson

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.  
  
☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.  
  
☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.  
  
☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.  
  
☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.  
  
☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

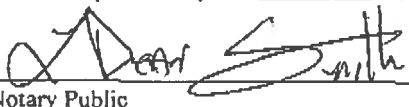
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

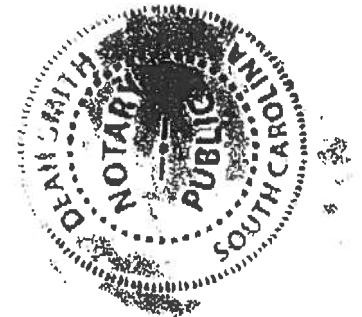
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Charleston )  
SWORN TO BEFORE ME  
This 4th day of MARCH, 2020  
  
Notary Public  
Commission Expires 02/25/24

L. DEAN SMITH  
Notary Public, State of South Carolina  
My Commission Expires 2/25/2024



Print Application

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Silver and Gold senior transportation LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 13th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 13th day  
of January, 2020.

  
Mark Hammond, Secretary of State